

Archbold Local Schools

Grade Level Acceleration Referral Form

Student's Name _____

Last

First

Middle Initial

Date of Birth ____/____/____
Month Day Year

Select One: ____ Male ____ Female

School _____

Current Grade ____ Accelerated Grade ____

Parent (s) or Legal Guardian _____

Address _____

Phone: _____
HOME CELL WORK

Email: _____

School Experience *Please attach school report card(s) if child attended another district.*

Please list the nursery schools, Head Start, special programs, and other daycare programs child attended. Include the dates attended and the approximate number of hours attended per week.

Name of School/Program	Dates of Attendance	Hours/Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you think this child is ready for a whole grade level acceleration? Please comment on child's academic skills, as well as social and emotional behavior. *Please use additional paper, if needed.*

Referred by:

- Teacher
- Parent
- Legal Guardian
- Other (Specify) _____

_____/_____/_____
Signature of Person Initiating Referral Phone mm/dd/yyyy

Please return to building principal.